

Keeping Track of Your Side Effects

<i>Day of week</i>	<i>Medications taken</i>	<i>Dosage</i>	<i>Side effects experienced*</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<i>Example:</i> Monday	Lithium Lamictal Seroquel	1,200 mg/day 300 mg/day 400 mg/day	Thirst, shaking hands Nausea, dry mouth Overeating, sedation

Weight at beginning of week _____ End of week _____

**Side effect examples:* dry mouth, urinating frequently, rash, acne, stomachaches, insomnia, headaches, fatigue, hair loss, problems with concentration, hand tremor, hunger/weight gain. If you're not sure which medication causes which side effect, simply list each side effect you experience and put a question mark (?) next to each one.

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The Pros and Cons of Taking Medications

REASONS TO TAKE MOOD MEDICATIONS

(*Examples:* they help control my manic symptoms, help with my depressed mood, improve my sleep, make me better able to focus, decrease my anxiety, improve the way I relate to other people, decrease my conflict with family members, improve my energy level, make me feel more confident, help me concentrate better at work, keep me from spending too much money, help me avoid traffic tickets)

1.

2.

3.

4.

5.

(continued)

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DISADVANTAGES OF MOOD MEDICATIONS

(Examples: side effects [give specifics], miss my high periods, cost of medications and psychiatry visits, dislike having my moods controlled, dislike my doctor, dislike making medical appointments, feel less sexual or less creative, medications carry a stigma, medications aren't that effective)

1.

2.

3.

4.

5.

The Pros and Cons of Taking Medications *(continued)*

THINGS I CAN DO TO IMPROVE THE SITUATION

(Examples: discuss side effects with physician, consider other medications or dosing strategies, take more responsibility for renewing my prescriptions, change my doctor, change my insurance plan, educate others about my disorder, create reminders to take my tablets, cut down my use of alcohol or drugs)

1.

2.

3.

4.

5.

Mood Chart

Name _____

TREATMENTS

(Enter number of tablets taken each day)

Note. WNL = Within normal limits. Adapted by permission of Gary Sachs, MD (Copyright 1993).

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THE SOCIAL RHYTHM METRIC (SRM)

MacArthur Foundation Mental Health Research Network I

Please fill this out at the end of the day.

Day of Week:				Date:			
MOOD RATING (Choose one): _____		TIME		PEOPLE			
Scale -5 -4 -3 -2 -1 0 1 2 3 4 5 Very Depressed Normal Very Elated		Check if DID NOT DO	CLOCK TIME	Check A.M. P.M.	Check if ALONE	1 = Just Present	2 = Actively Involved
Describe your mood today:						Spouse/ Partner	Children
ACTIVITY							
SAMPLE ACTIVITY (for reference only)		6:20	✓			2	1
Out of bed							
First contact (in person or by phone) with another person							
Have morning beverage							
Have breakfast							
Go outside for the first time							
Start work, school, housework, volunteer activities, child or family care							
Have lunch							
Take an afternoon nap							
Have dinner							
Physical exercise							
Have an evening snack/drink							
Watch an evening tv news program							
Watch another tv program							
Activity A							
Activity B							
Return home (last time)							
Go to bed							

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Scheduling Pleasurable Activities

Day of the week and target time	Pleasurable activities	Actual time of day each activity was done	Mood before and after each activity (-3 to +3)	
			(Before)	(After)
Monday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Tuesday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Wednesday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Thursday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Friday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Saturday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____
Sunday	1. _____ _____	1. _____	_____	_____
	2. _____ _____	2. _____	_____	_____

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Impact of Your Behavior Activation Plan

Day of the week	Things you did that day	Mood that day (-3 to +3)	Check (✓) if you followed your activity plan
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Average mood rating for the days you followed your plan			
Average mood rating for the days you did not follow your plan			

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A Quick Fact Sheet on Bipolar Disorder For Family Members

What Is Bipolar Disorder?

Having bipolar disorder means that I have severe mood swings, in which I go from a very highly energized state (mania, or a milder form called hypomania) to a very low, unmotivated, and lethargic state (depression). My high periods may last from a few days to a month or more. My low periods may last much longer, from several weeks to several months. About 1 in every 50 people has bipolar disorder. It most often affects a person for the first time in adolescence or young adulthood.

What Are the Symptoms?

My main symptoms during a high period may include feeling *overly happy* and *excited* or *overly irritable* and *angry*. I may also feel like I can do things that no one else can do (*grandiosity*). I may sleep less than usual or not at all, do many things at once (some of which seem goal driven and some not), have more energy, talk faster and express many ideas (some realistic and some unrealistic), and be easily distracted. I may do things that are impulsive when manic, like spend a great deal of money unwisely or drive recklessly.

I may experience the symptoms of depression at other times, which can include feeling very sad, down, irritable, or anxious, losing interest in people or things, sleeping too much or being unable to sleep, having little or no appetite, having trouble concentrating or making decisions, feeling fatigued or low in energy, moving or talking slowly, feeling very bad or guilty about myself, or contemplating suicide or actually carrying out suicide attempts.

How Does Bipolar Disorder Affect the Family?

My bipolar disorder may affect my ability to relate to others in our family or in the work setting, especially when I become ill. Our family or relationship problems may be most apparent during or just after my episode of mania or depression, but then will probably improve as I get better. We can resolve our family conflicts through good communication and problem solving, emotional support for each other, and encouragement. We may want to get the additional help of a family or couple therapist or a family support group.

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A Quick Fact Sheet on Bipolar Disorder for Family Members *(continued)*

What Causes Bipolar Disorder?

Having bipolar disorder means that I may have dysregulations in the emotional circuitry of the brain, especially the amygdala and the prefrontal cortex. It's possible that I inherited these dysregulations from my blood relatives, even if I can't pinpoint who else in my family tree had it. My mood swings may also be affected by life stress or sudden changes in my sleep-wake habits. Nobody chooses to become bipolar.

How Is Bipolar Disorder Treated?

My treatment will probably include mood-stabilizing medications such as lithium, valproate (Depakote), or lamotrigine (Lamictal), or second-generation antipsychotic medications like risperidone (Risperdal), quetiapine (Seroquel), aripiprazole (Abilify), ziprasidone (Geodon), olanzapine (Zyprexa), iloperidone (Latuda), paliperidone (Invega), or asenapine (Saphris). I may also take antidepressant medications (for example, sertraline (Zoloft) or escitalopram (Lexapro) or drugs to control my anxiety or problems with sleep. These medications require that I see a psychiatrist regularly to make sure my side effects don't get out of hand and, for some medications, to get my blood levels tested. I may also benefit from individual therapy, family or couple therapy sessions, or support groups. Therapy may help me learn how best to manage my moods, identify new episodes early on, monitor moods and sleep-wake cycles, and function better in the family and workplace. If I am one of the many people with bipolar disorder who have problems with drugs or alcohol, mutual support programs like Alcoholics Anonymous may also help me and our family.

What Does the Future Hold?

It is likely that I will have high and low mood episodes in the future. But there is every reason to be hopeful. With the help of a regular program of medications, therapy, exercise, and support from others, my mood disorder episodes can become less frequent, less extreme, and less disruptive. With help and support, I can accomplish many of my goals for my family and work life.

Problem-Solving Worksheet

Step 1: Ask, “What is the problem?” Talk and listen, ask questions, and get everybody’s opinion.

Step 2: List all possible solutions, even ones that don’t seem feasible. Do not evaluate the pros or cons of any solution yet.

1. _____
2. _____
3. _____
4. _____
5. _____

Step 3: Discuss and list the advantages and disadvantages of each possible solution.

<i>Advantages</i>	<i>Disadvantages</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Step 4: Choose the best possible solution or solutions and list. Include combinations of possible solutions.

(continued)

Problem-Solving Worksheet *(continued)*

Step 5: Plan how to carry out the chosen solutions, and set a date to implement them.

Date _____

List who will do what.

List what resources you'll need (for example, money, a babysitter, access to a car, reservations).

Step 6: Implement the chosen solution and praise each other's efforts.

Step 7: After you've implemented the solution, go back to Step 1 and decide whether the problem was solved. If not, try to redefine the problem and come up with solutions that will work better.

How I Feel

Put an X on the line next to the term that describes how you felt that day. You can use an X and a Y if you want to make a separate rating for morning and night. Feel free to use different mood terms than the ones provided.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Super-Hyper	<input type="text"/>						
or: _____							
Energized	<input type="text"/>						
or: _____							
Balanced	<input type="text"/>						
or: _____							
Down	<input type="text"/>						
or: _____							
Angry	<input type="text"/>						
or: _____							
I woke up at:	_____	_____	_____	_____	_____	_____	_____
I went to bed at:	_____	_____	_____	_____	_____	_____	_____

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